COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY

(includes Reference to PCT International Applications)

ATTORNEY'S DOCKET NUMBER

PHFR030020 US

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As a below named inventor, I hereby declare that:					
My residence, post office addre	ess and citizenship are as stat	ed next to	my name.		
I believe I am the original, first a plural names are listed below) of entitled: "MEDICAL VIEWING INTEREST IN NOISY IMAGES the specification of which (check	of the subject matter which is G SYSTEM AND METHOD FO S "	claimed a	nd for which a pa	atent is sough	nt on the invention
is attached hereto.					
☐ was filed as United States a	pplication				
Serial No					· · · · · · · · · · · · · · · · · · ·
on			1.41/200		
and was amended					
on					
was filed as PCT internation PCT/IB2003/005					
Number 26 NOVEMBER	2003				
on 20 NOVEMBER	2003		orona em Parimpó.		
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and was amended under PCT	Article 19		ム 19 新発型 		
on		1		•	(if applicable).
I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, § 1.56(a). I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:					
PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:					
COUNTRY	APPLICATION NUMBER		DATE OF FILIN DAY, MONTH, YEA		PRIORITY CLAIMED UNDER 35 USC 119
EUROPE	02292995.4	+	ember 2002		YES
EUROPE	03290455.9	26 Feb	ruary 2003		YES
		 			
	110	DEDADT	ENT OF COMME	DOF Date 1	

							
	Combined Declaration For Patent Application and Power of Attorney (Continued) (includes Reference to PCT International Applications)					Attorneys Docket Number PHFR030020 US	
			EY: As a named inventor, I hereby appoand Trademark Office connected therew			ecute this application and transact	
	Jack E. Haken, Reg. No. 26,902 Michael E. Marion, Reg. No. 32,266				Direct Telephone (name and telep	one Calls to: lephone number)	
			Reg. No. 30,245		(914)332-022)222	
		FULL NAME OF	FAMILY NAME	FIRST GIVEN NAME		SECOND GIVEN NAME	
1-	00	INVENTOR	<u>FLORENT</u>	Raoul			
	201	RESIDENCE & CITIZENSHIP	CITY VILLE D'AVRAY FRX	STATE OR FOREIGN COL FRANCE	1	COUNTRY OF CITIZENSHIP FRANCE	
		POST OFFICE ADDRESS	POST OFFICE ADDRESS 15 rue Gambetta	CITY 92410 Ville d'Avray		STATE & ZIP CODE/COUNTRY FRANCE	
2	œ	FULL NAME OF INVENTOR	FAMILY NAME NOSJEAN	FIRST GIVEN NAME Lucile	;	SECOND GIVEN NAME	
	202	RESIDENCE & CITIZENSHIP	CITY RUEIL MALMAISON FRX	STATE OR FOREIGN COL FRANCE	i i	COUNTRY OF CITIZENSHIP FRANCE	
		POST OFFICE ADDRESS	POST OFFICE ADDRESS Résidence "Les Seigneuries" Bat.C4 135, rue	CITY 92500 Rueil Malmais		STATE & ZIP CODE/COUNTRY FRANCE	
			Danton			DECOME ON FILMANT	
3	. 00	FULL NAME OF INVENTOR	FAMILY NAME LELONG	FIRST GIVEN NAME Pierre		SECOND GIVEN NAME	
	203	RESIDENCE & CITIZENSHIP	NOGENT SUR MARNE	STATE OR FOREIGN COU × FRANCE		COUNTRY OF CITIZENSHIP FRANCE	
		POST OFFICE ADDRESS	POST OFFICE ADDRESS 6, rue du Jeu de l'Arc	CITY 94130 Nogent sur Ma		STATE & ZIP CODE/COUNTRY	
i		ABBINESS	o, rue du seu de l'Alc	94130 Nogelit sui Ma	arrie i	RANCE	
Ī		FULL NAME OF INVENTOR	FAMILY NAME RONGEN	FIRST GIVEN NAME Peter		SECOND GIVEN NAME Maria Johannes	
	204	RESIDENCE & CITIZENSHIP	CITY BEST	STATE OR FOREIGN COL	, -	COUNTRY OF CITIZENSHIP The Netherlands	
	1 1 1		CITY 5680 DA – BEST		STATE & ZIP CODE/COUNTRY The Netherlands		
	I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true: and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 if Title 18 of the United states Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.						
ŀ	SIGNA	ATURE OF INVENT	OR 201 . SIGNATURE	OF INVENTOR 202	SIGNATU	RE OF INVENTOR 203	
tout 1				1 200			

DATE

DATE

SIGNATURE OF INVENTOR 204

U.S. DEPARTMENT OF COMMERCE- Patent and Trademarks Office

DATE 23/05/2005

(July 1994)

23/05/2005

DATE

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As a below named inventor, I h	ereby declare that:				
My residence, post office address and citizenship are as stated next to my name.					
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: "MEDICAL VIEWING SYSTEM AND METHOD FOR DETECTING BORDERS OF AN OBJECT OF INTEREST IN NOISY IMAGES" the specification of which (check only one item below):					
is attached hereto.					
was filed as United States a	pplication				
Serial No					
on					
and was amended					
on					
was filed as PCT international application PCT/IB2003/005495 Number 26 NOVEMBER 2003 on					
and was amended under PCT	Article 19		(for a libraria)		
on			(if applicable).		
I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.					
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I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:					
PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:					
COUNTRY	APPLICATION NUMBER	DATE OF FILING DAY, MONTH, YEAR	PRIORITY CLAIMED UNDER 35 USC 119		
EUROPE	02292995.4	04 December 2002	YES		
EUROPE	03290455.9	26 February 2003	YES		
	211	DEPARTMENT OF COMMERCE -Patent	and Trademarks Office		

(includ	Combined Declaration For Patent Application and Power of Attorney (Continued) Attorneys Docket Number PHFR030020 US						
POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number)							
Jack	E. Haken, Reg.	No. 26.902			Direct Telepho		
	ael E. Marion, R					phone number)	
		Reg. No. 30,245			(914)332-02	222	
	FULL NAME OF	FAMILY NAME		FIRST GIVEN NAME		SECOND GIVEN NAME	
1	INVENTOR	FLORENT		Raoul			
201	RESIDENCE & CITIZENSHIP	CITY VILLE D'AVRAY		STATE OR FOREIGN COUNTRY FRANCE		COUNTRY OF CITIZENSHIP FRANCE	
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	ADDRESS	15 rue Gambetta		92410 Ville d'Avray		FRANCE	
	FULL NAME OF INVENTOR	FAMILY NAME NOSJEAN		FIRST GIVEN NAME Lucile		SECOND GIVEN NAME	
202	RESIDENCE & CITIZENSHIP	CITY RUEIL MALMAIS	ON	STATE OR FOREIGN COU	NTRY	COUNTRY OF CITIZENSHIP FRANCE	
	POST OFFICE	POST OFFICE ADDR	ESS	CITY		STATE & ZIP CODE/COUNTRY	
	ADDRESS	Résidence "Les		92500 Rueil Malmaise	on	FRANCE	
		Seigneuries" Bat	t.C4 135, rue				
		Danton					
	FULL NAME OF	FAMILY NAME		FIRST GIVEN NAME		SECOND GIVEN NAME	
	INVENTOR	LELONG		Pierre			
203	RESIDENCE & CITIZENSHIP	CITY	ADME	STATE OR FOREIGN COUNTRY FRANCE		COUNTRY OF CITIZENSHIP FRANCE	
-	CITIZENSHIP	NOGENT SUR M	AKNE			FRANCE	
ļ	POST OFFICE	POST OFFICE ADDR	ESS	CITY		STATE & ZIP CODE/COUNTRY	
	ADDRESS	6, rue du Jeu de	l'Arc	94130 Nogent sur Ma	rne	FRANCE	
	5			I some our survival.		DECOND ON EN NAME	
- 00	FULL NAME OF INVENTOR	FAMILY NAME		FIRST GIVEN NAME		SECOND GIVEN NAME Maria Johannes	
204	RESIDENCE &	RONGEN CITY BEST NLX		Peter STATE OR FOREIGN COU	NTDV	COUNTRY OF CITIZENSHIP	
204	CITIZENSHIP			The Netherlands	11111	The Netherlands	
	POST OFFICE	POST OFFICE ADDR	FSS	CITY		STATE & ZIP CODE/COUNTRY	
	ADDRESS	Veenpluis 4-6		5680 DA – BEST		The Netherlands	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true: and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 if Title 18 of the United states Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.							
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(July 1994)

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